

# Hyperpigmentation

Let's look on how to treat hyperpigmentation and scarring caused by acne, medication and UV effect on the skin. As I have been asked to give some advice, I thought I would get together some information for those effected.

## What is hyperpigmentation?

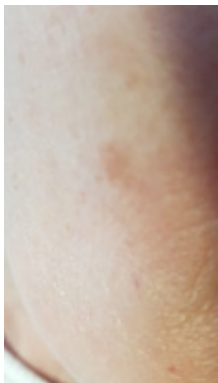
Hyperpigmentation is a term used to describe discolouration on the skin or those unwanted brown spots.

Hyperpigmentation is an overproduction of melanin from the melanocytes, (a cell in the skin and eyes that produces and has the pigment called melanin), that travels its way up to the surface of the skin where you see the brown discolouration.

It can have several causes, one of the biggest being UV damage. "The sun is a huge cause of hyperpigmentation," as we are warned many times in magazines, news, social media by doctors and skin therapists.

"Whenever you go out into daylight you will need a layer of protection of UVA and UVB and broad-spectrum SPF.

Medications and hormonal factors, such as pregnancy and oral contraceptives, can also have an effect."



## Best products to treat hyperpigmentation:

Dermalogica skin care understands that sun exposure accounts for around 90% of the signs of skin ageing, which is why it has created SPF products to suit all skins and ages— products containing SPF 30 - 50 are the ideal products in saving the skin from damage. Prisma Protect, sheer tint, and many others:

## Invisible physical defence SPF 30

Designed with the clients who may need a physical rather

than a chemical protection, it doesn't leave the skin covered in the usual chalky or greasy residue that you can experience with other sunscreens in an invisible, weightless defence that blends easily on skin, and it works as a perfect base under make-up. Physical repels the rays good for people who experience prickly heat or get over hot, whereas the chemical-based product absorbs the rays. Both are equally good on the skin depending on your skin effects. I.e., heat rash etc.

**Price: £49.00 for the 50ml.**



## Pro Bright

This treatment is a high intensity 3 step-treatment to boost absorption of vitamin C – effectively addressing uneven skin tone and revealing brighter, smoother skin.

Acts beyond the epidermis, acting on a wide spectrum of factors that trigger melanin synthesis, the appearance of dark spots and irregular skin tone. This includes a One-Step Prep Ultrabright Peel includes renovating-exfoliant, anti-melanogenic-depigmenting and anti-ageing active ingredients that remove the superficial layer of dark spots in the skin, lightening them and accelerating skin renewal.

This action also substantially decreases any added contributions of melanin in the hyperpigmented area, preventing the worsening of dark spots or the appearance of new ones, while repairing damage at the cellular level. Dullness and uneven skin tones are among the top reasons clients seek professional skin treatments. Every day, natural and environmental triggers can affect skin from inside and out – speeding up the aging process and resulting in dullness, pigmentation challenges, fine lines and more.

**Treatment price: £60.00**

## **What is melasma?**

Melasma is like hyperpigmentation, but is usually triggered by hormonal factors, be it thyroid dysfunction, pregnancy or hormonal contraception, as well as genetics, UV and medications.

Melasma appears more in a block formation, while hyperpigmentation has a more mottled appearance on the skin. Under a Woods lamp, the melasma will appear unchanged under the light. It's also more prevalent in women than men due to the hormonal factors that can trigger it, and in ages 25–40 and those with Fitzpatrick skin type (Burns easily, does not tan until after first burn)

It's also harder to treat. Epidermal pigmentation (solar keratoses) responds well and more quickly to treatment, while dermal pigmentation (melasma or chloasma) usually takes longer to lighten.

## **Melasma can present in several ways, including:**

1. Centre of face, also appears on the forehead, cheeks, nose and upper lip. This is prevalent in 50–80% of presentations of melasma and is also known as the “butterfly effect”.
2. Malar, which affects the cheeks and nose.
3. Mandibular, which appears on the jawline and chin.
4. Erythema of face, which presents as reddened or inflamed. This is vascular melasma and will have a red tinge.
5. As well as the face it can appear on the forearms, upper arms and shoulders.

## **What would I cover in a consultation?**

Conducting a thorough consultation with your every client is imperative to treat any kind of hyperpigmentation, including melasma. “It can be genetic, especially around the eyes and mouth. It's very common that we see a genetic pattern to it, particularly in Asian skin types.

“Medication such as tetracycline, antibiotics, naproxen, which is an anti-inflammatory commonly used for osteoarthritis and inflammatory conditions, and psychotics can cause photosensitivity.

Therefore, it is very important that we do a thorough consultation to find out about any medication so that you are prepared to know that for which to look out.

## **How do you prepare the skin for treatment?**

Moreover, setting up a good homecare routine in conjunction with broad-spectrum SPF is important to prepare the skin for any treatment.

“I'd look at the all-client's lifestyle and homecare

routine and bring together a plan to help the skin have a strong integrity. If we do look at skin care treatments in the salon, then we'd want to prepare the skin; accordingly, protection of the skin with SPF, and then we need to look at some kind of exfoliation to shatter that pigment.”

## **How can I effectively treat hyperpigmentation and melasma?**

“There are many methodologies for shattering pigment and my personal preference is to work with the dermalogica peels.



For an enhanced outcome, I would set up the client's pre-treatment care two-to-four weeks prior to their treatment programme. “For darker skin tones, the longer the homecare the better.

However, depending on the treatment, we may need to advise clients to discontinue the products i.e., exfoliants, three to five days ahead, depending on the type of ingredients used.

Whether you opt for micro needling or chemical peels, a gentle approach is favoured. “Starting with a chemical peel that is gently exfoliating, and building those peels up, is important. You go in for a deeper peel to get rid of pigmentation quickly, you should also prep the skin thoroughly, firstly at home and also with more superficial chemical peels within the clinic, before moving on to anything deeper.

We can treat pigmentation with micro needling at a much deeper depth than we do nowadays, but we have to be gentle.

To ensure a successful treatment for melasma, the underlying triggers need to be addressed and removed where possible. “If the client is on the contraceptive pill and we think this might be a trigger, then we must refer them to a doctor. Once that hormonal stimulation has gone, the melasma will subside, but it can be stimulated by the sun moving forward, so you still need to practise homecare. The area may be treated in the same way, as it is all hyperpigmentation, but you might need to treat just the area, as opposed to the whole face.”

Whether you're treating hyperpigmentation or melasma, it's important for us to explain to all client that the treatment process is a partnership between the therapist and the client.

## **How do we manage client expectations?**

“A good consultation with the therapist will explain the science behind it – people are not aware that

with two-to-three days of unprotected UV radiation you will undo everything that you have done for an entire year. Clients need to be committed; if they're not going to use their SPF or there's no point in doing chemical peels and microneedling in the salon because clients and therapist will be fighting against it all the time.

On average, it takes about 12 months to reprogramme the melanocytes (the cells that produce melanin), so it is going to be a long programme and will need to be maintained.

### **How to tailor the therapist's homecare advice?**

There are several ingredients that can support your client's skincare journey and maintain their results. vitamin C, liquorice root, AHAs such as glycolic and lactic.

Niacinamide has been shown to help regulate hyperpigmentation and so has vitamin A because it's such a good skin normaliser, as is green tea, ingredient is also a tyrosinase inhibitor but with no down time. You can use it long-term.

Using a broad-spectrum SPF is crucial to maintain progress and prevent pigmentation from returning.

While many will apply this first thing in the morning, it's important that clients also top up their SPF protection throughout the day. However, some may find SPF irritating for the eye area, or inconvenient to reapply over make-up.

My advice is the invisible physical defence or solar defence booster SPF, which ideally you want to reapply every couple of hours.

### **Lifestyle adjustments**

To keep hyperpigmentation and melasma at bay, I recommend discussing with you your lifestyle habits. It's not enough to have an SPF on. If it's



a bright sunny day, stay in the shade and wear a big hat and sunglasses. I see a lot of pigmentation about where the sunglasses stop, as people tend not to bring their SPF close to the eyes.

Total eye care spf 15 is available for the eye area.

It's also important to talk through any hormonal factors that could be causing problems.

You should know your triggers and discuss with the therapist.

For example, if you know you

are susceptible on oral contraceptives, perhaps find another contraception method, discuss with your doctor.

I hope you find this article and wish to discuss call, email Elaine's of Brampton 01480 457642, elainesofbrampton@gmail.com

All the best in your future tanning and holidays, safely

*Elaine* - Elaine's of Brampton

*Elaine's*

01480 457 642

elainesofbrampton@gmail.com

Brampton Park Golf Club, Buckden Road,  
Brampton, Huntingdon, PE28 4NF